

CITY OF MIAMI BEACH
BARGAINING UNIT GRIEVANCE PROCEDURE FORM

UNION GRIEVANCE #: _____

LABOR RELATIONS GRIEVANCE #: _____

Instructions: Spaces 1-9 should be typed so that the same information appears at all steps. The lower portion is to be completed at each step.

1. Bargaining Unit (check one only):

____ FRATERNAL ORDER OF POLICE (FOP)
____ AMERICAN FEDERATION OF STATE,
COUNTY & MUNICIPAL EMPLOYEES (AFSCME)

____ INTERNATIONAL ASSOCIATION OF FIREFIGHTERS (IAFF)
____ COMMUNICATIONS WORKERS OF AMERICA (CWA)
____ GOVERNMENT SUPERVISORS ASSOCIATION OF FLORIDA (GSAF)

2. Date of Occurrence:

3. Employee's Name & Classification:

4. Employee's Department/Division & Telephone Ext. (____):

5. Employee's Immediate Supervisor & Telephone Ext. (____):

6. Statement/Nature of Grievance:

7. Contract Article(s) Alleged Violated:

8. Suggested Adjustment:

9. _____ Date _____
Employee Signature Union Representative's Signature Date

TO BE COMPLETED AND PRESENTED AT EACH STEP

Step 1 - Presented by (signature/title) _____

Date:

Received by (signature/title):

Date:

STEP 1 RESPONSE (FROM DIVISION TO PRESENTER)

____ Grievance Denied (state why):
____ Grievance Resolved (state how):

(signature/title) _____

Date:

Received by (signature/title):

Step 2 - Presented by (signature/title) _____

Date:

Date:

STEP 2 RESPONSE (FROM DEPARTMENT TO PRESENTER)

____ Grievance Denied (state why):
____ Grievance Resolved (state how):

(signature/title) _____

Date:

Received by (signature/title):

Step 3 - Presented by (signature/title) _____

Date:

Date:

See Attached Reply to Step 3 from City Manager's Designee/Labor Relations

Received by (signature/title):

ARBITRATION REQUEST/Presented by (signature/title) _____

Date:

Date:

AMERICAN FEDERATION OF STATE, COUNTY & MUNICIPAL EMPLOYEES
AFSCME LOCAL 1554

ELECTION OF REMEDY FORM

Grievance No. (if applicable) _____

This form must be completed and signed prior to the second step of the grievance procedure, or at the time when appeal to Personnel Board is filed.

Employee must elect, sign, and date only one of the two following choices:

1. _____ I/We elect to utilize the Grievance Procedure contained in the current Contract between the City of Miami Beach, Florida, and AFSCME Local 1554.

Signature

Date

2. _____ I/We elect to utilize another forum for my/our grievance, and in doing so, I/we permanently waive my/our contractual right to the Grievance Procedure contained in the current Labor Contract between the City of Miami Beach, Florida, and AFSCME Local 1554.

Signature

Date

If Number 1 is elected, sign if you wish to authorize the following:

I/We hereby authorize AFSCME Local 1554 to process the attached grievance on my/our behalf.

Signature

Date